

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	091927103	FILING DATE	03 08/07
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3	/					
4						
5	/					
6						
7	2					
8	1					
9						
10						
11						
12	1					
13						
14	2					
15	1					
16						
17						
18	1					
19						
20						
21	2					
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48						
49						
50						
TOTAL IND.	3		↓	↓	↓	↓
TOTAL DEP.	18	↓	↓	↓	↓	↓
TOTAL CLAIMS	21	↓	↓	↓	↓	↓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS